

Phoenix Medical Clinic Ltd

# Phoenix Medical Clinic

## Inspection Report

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## Ratings

### Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection on 16 January 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led? We planned the inspection to check whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

This was a joint dental and medical inspection of an independent healthcare service.

### **Our findings were:** Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the enforcement actions at the end of the report).

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

### **Are services well-led?**

# Summary of findings

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the enforcement actions at the end of the report).

## Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Phoenix Medical Clinic is an independent provider of GP and Dental services owned by Phoenix Medical Clinic Ltd. The provider also offers a range of specialist services and treatments such as facial aesthetics, and ultrasound to people on both a walk-in and pre-bookable appointment basis. The service does not offer NHS treatment.

The clinic is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder and injury
- Family Planning

A full range of dental care including extractions is provided by the service.

## Summary of findings

The medical services includes:

- gynaecology;
- internal medicine defined as, dealing with the prevention, diagnosis, and treatment of adult diseases
- treatment for ear, nose and throat conditions;
- orthopaedics;
- Psychiatry and
- Diagnostic tests.

The clinic provides two regular GPs, four regular dentists, two gynaecologists, a general surgeon and an ultrasound technician. A clinic manager and one clinic administrator manage the clinic.

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Nominated Individual for the service is also the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received feedback about the service from 18 patients. All comments were positive and indicated the service was accessible; patients had confidence in the doctors and dentists and felt involved in planning their care and treatment. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decisions.

## Our key findings were:

- The clinic was clean and mostly well maintained. The floor in the dental treatment room had worn and had small gaps that could make effective cleaning difficult.
- The clinic had infection control procedures, which mostly reflected published guidance.
- The clinic had some systems to help them manage risk. At the time of the inspection, they did not have a risk assessment to manage the risk of Legionella on the premises. This was arranged immediately following the inspection.
- Medicines and life-saving equipment were available to manage medical emergencies. Some recommended equipment and medicines was not available at the time of the inspection.
- The clinic had thorough staff recruitment procedures.
- The clinical staff provided patients' dental care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The clinic asked staff and patients for feedback about the services they provided.

We identified regulations that were not being met and the provider must:

# Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Particularly, in relation to equipment and medicines in case of emergencies, safe storage of medicines and patient care records.

There were areas where the provider could make improvements and should:

- Review the clinic's infection control procedures and protocols with reference to guidelines issued by the Department of Health - Health Technical

Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'

- Review information sharing with the patient's NHS GP with reference to guidelines in Good Medical Practice highlighted by the General Medical Council (GMC).

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

- There were two Doctors who completed care records in Polish, this posed a risk if notes were needed to be accessed in an emergency, for example an ambulance crew arriving to transport the patient to hospital, as the notes would not provide easy reference to a patient's previous medical history.
- A legionella risk assessment had not been carried out. Dental unit water lines were flushed in line with guidance, however no further routine monitoring was taking place. Following the inspection, a Legionella risk assessment was arranged.
- The clinic held some medicines and life-saving equipment, such as a defibrillator, for dealing with medical emergencies in a primary care setting. However, there was no oxygen or masks available and no pulse oximeter to monitor the oxygen levels of a patient prior, or during treatment. Appropriate medical equipment was ordered following the inspection.
- The fridge used to store medicines and vaccinations was inappropriate for the task. It was unable to monitor a maximum and minimum temperature and there had been no monitoring of the temperatures on a regular basis to ensure the medicines continued to be safe to use. A suitable fridge was ordered following the inspection.
- Staff were qualified for their roles and the clinic completed essential recruitment checks.
- The clinic mostly followed national guidance for cleaning, sterilising and storing dental instruments.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- No audits had been undertaken due to the computer system not allowing for searches, this was an area the clinic was upgrading in the future.
- The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.
- The clinic supported staff to complete training relevant to their roles and had systems to help them monitor this.
- The clinic had clear arrangements when patients needed to be referred to other dental or health care professionals.

### **Are services caring?**

We found that this clinic was providing caring services in accordance with the relevant regulations.

- We received feedback about the clinic from 18 patients who were positive about all aspects of the service the clinic provided. They told us staff were able to get appointments when convenient to them, were treated with care and dignity and never felt rushed.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

# Summary of findings

- Information about the services and how to complain was readily available and verbal complaints were recorded so changes could be made.
- Information was provided on line about procedures available at the clinic.
- Health promotion leaflets were available at the clinic.
- Information sheets about the cost of each treatment and consultation was provided in Polish and English.
- The registered manager was accessible during opening times.
- All staff spoke Polish and English.
- The time allocated for patient consultations was flexible.

## Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- The clinic had some arrangements to ensure the smooth running of the service. There was a clearly defined management structure and staff felt supported and appreciated.
- Risk assessments had not always been completed to highlight and mitigate areas of concern. For example, in respect of the risks arising from Legionella bacteria, and risks arising from not having recommended emergency equipment. Risks arising from storing hazardous materials in an unlocked cupboard in the patient toilet had not been adequately mitigated.
- The dental team kept complete patient dental care records, which were, clearly written or typed and stored securely. Dental care records were written in English, however some doctors continue to complete medical records in Polish.

The clinic took immediate steps to address some of the concerns raised, we received some evidence following the inspection to demonstrate this. There remained scope to further improve the governance procedures within the clinic in order to ensure compliance with regulations.

# Phoenix Medical Clinic

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team consisted of a CQC lead Inspector, a dental inspector, a GP Specialist Advisor and a Dental Specialist advisor. In addition, two translators accompanied the team to ensure ease of communication with staff and patients.

The inspection team:-

- Spoke with staff and patients.

- Reviewed patient feedback from the completed CQC comment cards
- Reviewed the clinics policies and procedures and other documentation made available by the provider in relation to the running of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

**We found that this service was not providing safe care in accordance with the relevant regulations.**

### Safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Relevant contact details were easily available to staff in their work areas.
- A GP was responsible for safeguarding.
- Staff we spoke with demonstrated they understood their responsibilities the GP lead had received training relevant to their role. However, other Doctors were not trained to safeguarding level three. All non-clinical staff were trained to at least level one.
- We were informed that there had been no safeguarding referrals made by staff as there had not been any concerns identified. The clinic did not have a safeguarded patient on their system. However, we were assured that staff knew what to do if they suspected a safeguarding concern.
- We saw evidence that staff had received training in the Mental Capacity Act (MCA) 2005.
- The clinic outsourced the taking of pathology samples such as blood and urine and used an accredited laboratory to which patients were referred. Pathology results were provided directly to the patients who were advised to return to the clinic for a review of the results in case follow up care was required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw evidence that the GP at this clinic had completed relevant training and was qualified to administer immunisations and vaccinations including travel vaccinations, as well as training and qualifications relevant to other interventions offered at the clinic, for example; sexual health.
- We reviewed the provider's central recording system and saw that all three members of staff who worked at the clinic had received appropriate recruitment checks prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The clinic manager was the owner and founder of the business and we saw evidence of qualifications, and ongoing training relevant to the role. We saw evidence of induction training, competency checks and role-specific training for the receptionist, and additional training courses appropriate for the roles undertaken at the clinic.
- We saw evidence of medical indemnity insurance for Doctors. Doctors were registered with the General Medical Council (GMC). The clinic manager carried out regular checks of doctors GMC registration.
- There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. All members of staff had received up to date training by an external training provider in health and safety, which included fire safety, basic life support, infection prevention and control, moving and handling and information governance.
- The clinic had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire action notice was visible to patients and staff telling them what to do in the event of a fire. There was a designated fire marshal at the clinic and regular fire drills had been conducted.
- Records were held centrally that showed all electrical and clinical equipment had been checked by an accredited external contractor.
- The provider used a secure system for storing patient records and was in the process of transferring to an online-hosted system that was specifically designed for use in private practice. This system was backed up every night.
- We saw evidence of Hepatitis B status for clinical staff members who had direct contact with patients.
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to

# Are services safe?

be clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a weekly basis for each area of the premises

- The clinic contracted an external company to assist in monitoring and managing risks to the health and safety of staff, visitors and patients. The clinic had a health and safety handbook consisting of a number of policies this was comprehensive but not dated. The health and safety risk assessment was completed in April 2017. No 'high' risk or 'immediate' actions were identified. The clinic had responded to the 'medium' level actions identified in the report.
- The clinic had a fire risk assessment completed in January 2018. They had a fire log book which detailed the servicing and testing of fire equipment as well documenting weekly fire drills.
- The clinic had carried out a number of risk assessments including workplace assessments of hazards, blood and body fluids, use of X-ray equipment and a risk assessment pertaining to the control of substances hazardous to health.
- The clinic had a folder containing information on hazardous materials at use in the clinic to comply with the control of substances hazardous to health (COSHH) Regulations 2002. We saw that some cleaning materials were stored in an unlocked cupboard in the patient toilet.
- The clinic had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.
- We looked at the clinic's arrangements for safe dental care and treatment. The clinic used conventional dental needles and use a safety system to re-sheath the needles and dispose of them appropriately.
- The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.
- The clinic had a business continuity plan describing how the clinic would deal events, which could disrupt the normal running of the clinic.

## Risks to patients

- Staff knew what to do in the event of a medical emergency and completed training in emergency resuscitation and basic life support every year.
- The clinic did not hold emergency equipment and medicines in line with national guidance. The clinic did

not carry appropriate medical oxygen for use in a medical emergency. They had two cans of recreational oxygen. These had stated on them that they were not for medical use. We raised this with the provider during the inspection and they immediately arranged for an appropriate cylinder of medical oxygen to be delivered along with the required masks for children and adults.

Although there was a defibrillator for use in an emergency, other pieces of emergency equipment and medicines that are recommended by national guidance were missing from the clinic. These included buccal midazolam for emergency use in seizures, portable suction, self-inflating bags for adults and children, appropriate masks for the self-inflating bags and oxygen masks for use with an oxygen cylinder.

- Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. These checks were carried out monthly; there was scope to increase the frequency of these checks, and include a record of checks for the defibrillator.
- The clinic had an infection prevention and control policy and procedures to keep patients safe. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.
- The clinic had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The decontamination process was demonstrated by the agency nurse. We noted some deviations from the process described in HTM 01-05 For example; although appropriate personal protective equipment was available, it was not always fully employed. The clinic did not have access to lint free drying cloths (we were sent evidence following the inspection that these were obtained).
- The clinic did not use a thermometer to confirm that the water temperature for cleaning instruments was below 45 degrees Celsius, although staff were aware that the water should be cool. The decontamination room was small and ensuring that instruments flow from dirty areas to clean areas was difficult in the small space and was not always demonstrated correctly. We discussed the above with the provider who provided assurances that they would re-visit the procedures in this clinic.
- The clinic had not adequately monitored or mitigated the risks arising from Legionella bacteria; a risk assessment carried out by a competent person had not



# Are services safe?

been undertaken. The need for a Legionella risk assessment had been highlighted by the infection control audit that had been carried out in January 2018. The provider had reported on the action plan that they had contacted a specialist company who, after asking a few questions reassured the provider that a risk assessment was not required. We raised this with the provider who took immediate steps to arrange a risk assessment, and provided evidence that it would take place within two days of the inspection.

- Prior to the infection control audit carried out in January 2018 the previous audit was completed in April 2016. This audit also highlighted the need for a Legionella risk assessment, but there was no evidence that this was addressed at the time. Infection control audits should be carried out every six months in line with national guidance.
- We saw servicing documentation for the equipment used with the exception of the autoclave. The provider informed us that the autoclave was new and therefore did not require any servicing or testing for two years. Staff carried out checks in line with the manufacturers' recommendations.
- The clinic had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file with the exception of the local rules. These were displayed in the surgery, but had not been updated with the change of staff and change of radiation protection advisor.
- We saw evidence that the dentists justified, graded and reported on the X-rays they took. The clinic carried out X-ray audits following current guidance and legislation.
- Clinical staff completed continuous professional development in respect of dental radiography.
- There appeared to be adequate dental staff in place to meet the demands of the service. At the time of the inspection, the clinic had relied upon an agency dental nurse as their dental nurse had recently left employment with the clinic. They were actively recruiting for a new permanent member of staff.
- The clinic had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five dental and three medical staff recruitment files. These showed the clinic followed their recruitment procedure.

- All clinical staff were qualified and registered with the General Dental Council (GDC) and the General Medical Council (GMC). On the day of the inspection, the provider could not provide evidence of professional indemnity for one dentist.

## Information to deliver safe care and treatment

- When registering children with the clinic, parents were asked to bring relevant documents to confirm their identity and that of the child so that parental guardianship could be confirmed prior to treating the child.
- The medical patient records contained a detailed medical history.
- Records were held centrally that showed all electrical and clinical equipment had been checked by an accredited external contractor.
- The provider used a secure system for storing patient records and was in the process of transferring to an online-hosted system that was specifically designed for use in private practice. This system was backed up every night.

## Safe and appropriate use of medicines

There were no systems in place for managing medicines. Medicines were stored inappropriately in the clinic and there was no clear audit trail for the ordering, receipt and disposal of medicines.

- All prescriptions were issued on a private basis and were hand written individually by the GP during consultations.
- We saw there was no process in place to check and record medicine fridge temperatures on a daily basis to ensure medicines were stored appropriately. There was no evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines). However, at the time of inspection the medicines in the fridge were safe to be stored at room temperature, and did not contain vaccinations.
- The storage of medicines was not in line with current best clinic guidelines, as the fridge did not display maximum and minimum temperatures to assure the clinic the vaccines and medicines were maintained at safe temperatures.
- The clinic did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

# Are services safe?

- There were no practice nurses employed by the clinic and GPs administered all medicines and vaccinations to patients.
- The clinic did not prescribe medicines for patients who were taking high-risk medicines for a chronic illness. However, they would still provide care for these patients for other conditions.

## Track record on safety

- The registered manager was the lead for significant events and there was a system in place for the investigation and managing the outcomes to ensure staff were informed of learning as a result of them.
- As there were no incidents in the previous 12 months, we reviewed historic incidents and found there was an effective system in place.

## Lessons learned and improvements made

- The provider was aware of, complied with the requirements of the Duty of Candour, and encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents. However, we were told that there had not been any incidents in the preceding 12 months.
- When there were unexpected or unintended safety incidents:
  - The service would give affected people reasonable support, truthful information and a verbal and written apology.
  - They kept written records of verbal interactions as well as written correspondence.
  - There was an effective system in place for reporting and recording significant events.
  - Staff told us significant events would be discussed in quarterly clinical governance meetings, which all staff attended.
  - We saw evidence of a serious incident reporting policy.
  - The provider held a record of significant events, which included details of investigations and actions taken as a result of the significant event.
- The clinic had signed up to the Medicines and Healthcare Products Regulatory Agency (MHRA) website to enable alerts to be received. These were reviewed by the lead clinician who took the necessary action.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines (an organisation for providing national guidance in the UK on the promotion of good health and the prevention and treatment of ill-health).
- The provider was committed to ensuring patients received the most up to date care, however the current clinic computer system did not require patients conditions to be coded and so was unable to be searched to allow audits to take place. The provider had highlighted the change of computer systems would allow such audits in the future.

### Monitoring care and treatment

- The clinic kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records were written in English. This was a change brought about by the clinic eight months prior to the inspection.
- We saw that the clinic audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

- Staff new to the clinic had a period of induction. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.
- Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. A majority of mandatory training was conducted online and the clinic manager had an effective system in place to ensure staff were up to date.

### Coordinating patient care and information sharing

- Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed

treatment the clinic did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The clinic monitored urgent referrals to make sure they were dealt with promptly.

- The clinic did not encourage information sharing with the patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC.
- There was a section of the patient registration form, which asked if a patient was registered with an NHS GP. However, it did not ask for the name of the clinic and went on to state that the sharing of notes would bear an additional cost of £40 per letter. This did not promote the centralised patient record system and would not allow for sharing of urgent information should a concern arise, for example a medical emergency or safeguarding concern.
- At our inspection, we were unable to find an example of when a letter had been shared with NHS GPs; however, referrals were made into secondary care for consultant follow up or further treatments. As the computer system was not compatible with the NHS system all communication was through written letters.

### Supporting patients to live healthier lives

- The service did identify patients who needed support and consultation records indicated that advice on healthy living was given.
- The clinic believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.
- The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children/children based on an assessment of the risk of tooth decay for each child.
- The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The clinic had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.
- Dental staff we spoke to during our inspection demonstrated that dentists gave oral health advice to patients to help maintain healthy teeth and gums. We also observed various health promotion advice on display in the patient waiting area.

# Are services effective?

(for example, treatment is effective)

- **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinic had a comprehensive consent policy in place;

- Before patients received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.
- The clinic manager told us that any treatment was fully explained prior to the procedure and that people then made informed decisions about their care.
- The clinic team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.
- The clinic's consent policy included information about the Mental Capacity Act 2005. The team understood

their responsibilities under the act when treating adults who may not be able to make informed decisions. The clinic had a second policy referring to the legal precedent by which a child under the age of 16 can consent for themselves. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of fees displayed in the patient waiting room, in patient leaflets and on the clinic website. The clinic manager told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services caring?

## Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

### Kindness, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- We noted that consultation room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. In particular, HIV testing and sexual health testing.
- Music was played in the treatment rooms and there were magazines and television(s) in the waiting room(s). The clinic provided drinking water, tea and coffee.
- Information folders, patient survey results and thank you cards were available for patients to read.
- The clinic gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

### Involvement in decisions about care and treatment

- Patient feedback on the 15 comment cards we received told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

- We also spoke to three patients who told us they always felt involved in the decisions involving their care and treatments and staff were very compassionate and professional and were friendly towards patients at the reception desk and over the telephone. We reviewed comments left on the provider's website and found these to be equally positive about the care they had received.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. Patients could choose whether they saw a male or female dentist or doctor.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.
- We reviewed three patients' records and saw that a comprehensive pre-consultation assessment had been made that included a detailed risk assessment, explanation of treatment and confirmation of patient consent. The records also detailed follow-up information was provided.
- Health promotion information was available in Polish on the company's website.
- The website also included details of the doctors and dentists available and the scope of services offered.
- Patients were also able to access information on a social media site; however there were no health promotion information leaflets at the clinic.

### Privacy and Dignity

- Consulting rooms were private to maintain patients' privacy and dignity during examinations, investigations and treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We found that this service was providing a responsive care service in accordance with the relevant regulations.**

### Responding to and meeting people's needs

- Access to the clinic on foot was via a main street. Car parking was at the rear of the building. The provider had recently consulted with the landlord who owned the car park to take on additional spaces for the convenience of patients and allow patients to park there instead of on the main road.
- The entire clinic was on the ground floor and a disabled toilet and baby-changing facilities were available.
- The reception area was located in the patient waiting room and a private room was available to patients for improved confidentiality if required. Phone calls were taken in a separate office so conversations were not overheard.
- Language Line telephone translation services were available for patients who did not speak English or Polish. This ensured patients understood their treatment options.
- There was a comprehensive clinic information guide and written information was available to patients in other languages.
- Health promotion information was available for patients in the waiting room.
- The clinic offered pre-consultations to patients prior to receiving treatments such as travel medicine and HIV testing.
- A water dispenser was available for patients in the reception area.
- The clinic offered on the day appointments.
- The clinic offered general travel health and disease prevention advice for patients travelling abroad.
- Information was available in the waiting room and on the clinic website.
- Patients described high levels of satisfaction with the responsive service provided by the clinic.

- The clinic had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

### Timely access to the service

- The clinic made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with handrails and a call bell.
- The clinic offered appointments to anyone who requested one and did not discriminate against any client group. This included students, migrants, and the travelling population. Fees for appointments were charged in the usual way. There were disabled facilities and translation services available.
- The clinic was open from 1pm to 7pm on a Monday, 10am to 7pm on Tuesdays and Wednesdays, 10pm to 12am on Thursdays, 12pm to 7pm on Fridays, 10am to 6pm on Saturdays and 10am to 2pm every second Sunday of the month. Additional times were created based on patient demand and clinical availability to allow for patient convenience. We saw during the inspection that on the day appointments were available for both dental and GP appointments.
- Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Listening and learning from concerns and complaints

- The clinic had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The clinic manager was the designated responsible person who handled all complaints in the clinic.
- The complaints procedure was available to help patients understand the complaints system. There was information on how to complain in the patient waiting area and on the clinic website. However, there had been no complaints in the previous 12 months.



# Are services well-led?

## Our findings

We found that this service was not providing a well led service in accordance with the relevant regulations.

### Leadership capacity and capability

- The registered manager was the nominated individual and responsible for the day to day running of the service. The registered manager appeared open to new ideas and staff told us there was a positive culture.
- Staff told us there was an open, no blame culture at the clinic. They said the clinic manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the clinic manager was approachable, would listen to their concerns and act appropriately. The clinic manager discussed concerns at staff meetings. The clinic held meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

### Vision and strategy

- The registered manager stated the vision of the service was to provide the best possible clinical care to the Polish community. This was benchmarked against the feedback from patients and through surveys to monitor patient satisfaction.
- There were formal meetings to discuss the vision and strategy of the clinic. The doctors who worked for the service were involved in the formal meetings, which we minutes to show they took place.

### Culture

- The clinic had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. Infection control audits were not completed at the recommended frequency of every six months and some recommended actions remained outstanding.
- The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

- Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the clinic provided support and encouragement for them to do so. However not all doctors had undertaken safeguarding training to the required level.

### Governance arrangements

- The registered manager had overall responsibility for the management and clinical leadership of the clinic they were also responsible for the day to day running of the service. The principal dentist was clinical lead for the clinic. Staff knew the management arrangements and their roles and responsibilities.
- The clinic had policies, procedures and some risk assessments to support the management of the service and to protect patients and staff. Policies were not always reviewed regularly to ensure that the information therein remained up to date and relevant. For example, the consent policy was dated December 2014, the infection control policy was dated February 2016 and the medicines management policy was dated March 2015.
- At the time of the inspection, the clinic did not have a Legionella risk assessment that had been carried out by a competent person (although this was arranged following the inspection) the clinic were not checking water temperatures to ensure that they were outside the temperature range in which Legionella is more likely to proliferate.
- The clinic was not aware of the missing medical emergencies equipment and medicines and had not risk assessed the absence of this recommended equipment and medicine.
- The clinic had not adequately mitigated the risks arising from the hazardous materials being stored in an unlocked cupboard in the patient's toilet.
- The clinic assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent some evidence to show that improvements are being made.

### Managing risks, issues and performance

# Are services well-led?

- Not all risks were adequately assessed and mitigated. For example, the storage of medicines or having emergency equipment in line with best practice guidelines.
- An organisational risk assessment was in place.
- There was a business continuity plan, which was available to all staff as required.

## **Appropriate and accurate information**

- Patients' medical records were held electronically, regularly backed up and encrypted.
- The clinical lead reviewed medical records on a random basis to make sure the information provided met best

practice guidance and standards. However, there were two clinicians completing the patient record in Polish, which was accepted within the clinic, although did not meet best practice guidelines

## **Engagement with patients, the public, staff and external partners**

- The clinic used patient surveys, verbal comments, a comments book and appraisals to obtain staff and patients' views about the service.

## **Continuous improvement and innovation**

- The registered manager engaged with regulatory bodies in developing the service and supporting staff to remain appropriately qualified.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</b></p> <p>There was no system in place to manage the risks arising from Legionella bacteria.</p> <p>There was no effective system to assess the risks arising from not having certain recommended emergency equipment and medicines.</p> <p>There was no arrangement in place for the management of cold chain.</p> <p>There was no system in place to ensure records relating to the care and treatment of patients are complete, legible and accurate so they are accessible to external organisations in order to deliver patient care and treatment.</p>